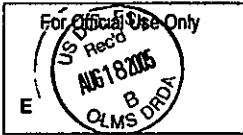


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|--|---|
| 1 File Number U <u>9451</u> | 2 Fiscal Year Covered From <u>1</u> / <u>-1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u> |
| 3 Name and address of person filing Name <u>Elmer</u> <u>Cabico</u> P O Box Bldg Room No if any Street <u>1311 Houghtailing St</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817</u> | 4 Name file number and address of labor organization Name <u>See attached</u> Labor Organization File Number <u>022 943</u> P O Box Building and Room Number if any Street <u>1311 Houghtailing St</u> City <u>Honolulu</u> State <u>Hawaii</u> ZIP Code + 4 <u>96817</u> |
| 5 Position in labor organization <u>Union Trustee</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|--|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code + 4 | 7 a Nature of Interest Transaction or Income 7 b Amount |

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed Elmer Cabico

On 7/30/05
Date

(808) 847 5761
Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name Hawaii Carpenters Health & Welfare Fund

Trade Name if any

P O Box Bldg Room No if any 200

Street 1199 Dillingham Blvd

City Honolulu

State Hawaii ZIP Code + 4 96817

9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

Pursuant to a collective bargaining agreement signatory employers make contributions to the Health & Welfare Fund

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

As a trustee I attended an International Foundation Trustee meeting for educational purposes The trust fund paid for the transportation lodging and meals for my attendance at the conference and my lost wages I am not an employee of the Union

12 b Amount

\$2 560

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

Form LM-30
Labor Organization Officer and Employee Report
Elmer Cabico
Attachment
07/30/05

4 Name United Brotherhood of Carpenters and Joiners of America, Local 745